

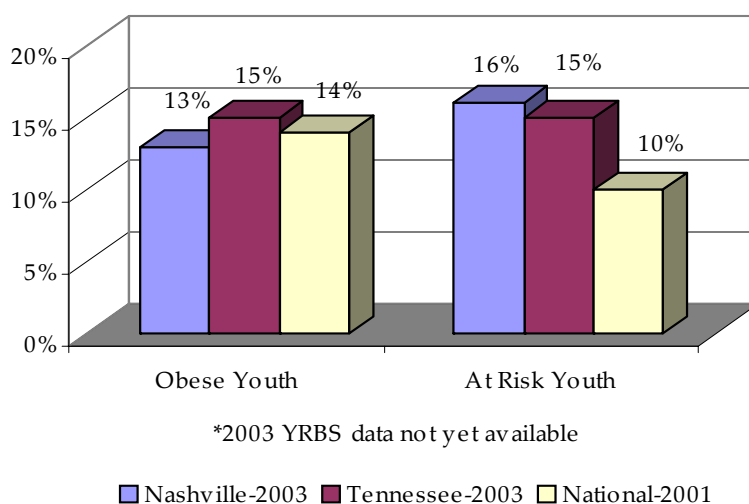
Meeting the Mark?: Nashville Youth and Healthy People 2010 Objectives (Second in a Series)

Tameka A. Jobe, MA

The first part of this series (see *Public Health Watch* Volume 7 No. 5) highlighted the obesity epidemic now facing our youth based on the findings of the 2003 Nashville Youth Risk Behavior Survey (YRBS). These results showed that 13% of the youth surveyed were obese (based on body mass index), with an additional 16% at risk (Figure 1). These local statistics are staggering, yet reflective of the trend that is being seen across the state and nation among youth. This obesity trend is not limited to youth, however; the number of obese adults continues to rise as well (from 11.6% in 1990 to a staggering 22.1% in 2002 nationwide). According to researchers, obesity during adolescence is linked to incidences of being overweight or obese in adulthood (Reinhardt and Brevard 2002). In this second installment, the goals of the Healthy People 2010 Initiative (hereafter called HP 2010) and how Nashville youth measure up to these goals will be discussed.

The HP 2010 Initiative continues the tradition of fostering federal policy that seeks to improve health that began in 1979. A team of experts from various federal agencies established the objectives set forth in this initiative. HP 2010 includes 467 objectives (in 28 focus areas) aimed at improving the health of all people around the nation. While there are numerous objectives, some of the goals aimed specifically at children and adolescents that are covered by the YRBS are listed in Table 1. (See Table 1 on page 2.)

Figure 1. Obesity and Youth



Unfortunately, according to 2003 YRBS data, Nashville youth (like many across the country) are experiencing difficulty in reaching these goals. Nashville youth report levels of physical activity and consumption of fruits and vegetables that

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Table 1. HP 2010 Objectives and Youth

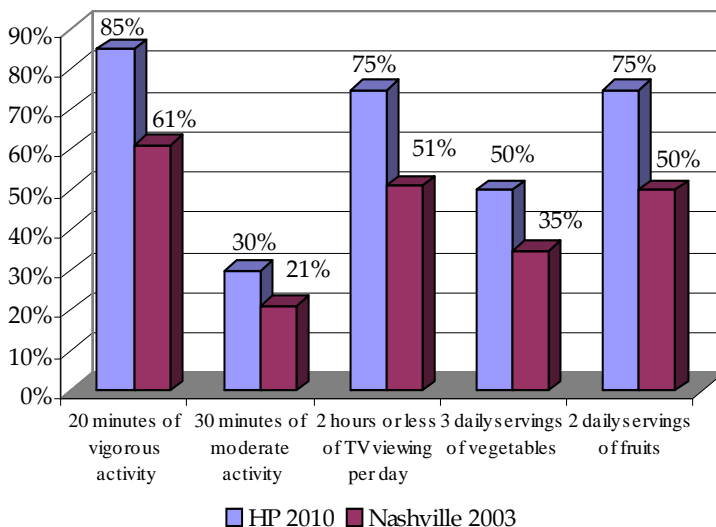
Objective	Goal
<i>Physical Activity</i>	
At least 20 minutes of vigorous activity at least 3 days a week	85%
At least 30 minutes of moderate activity at least 5 days a week	30%
Daily Physical Education attendance	50%
20 minutes of activity during physical education class	50%
Watch TV 2 hrs or less per day	75%
<i>Nutrition</i>	
Consume at least 3 daily servings of vegetables	50%
Consume at least 2 daily servings of fruits	75%
<i>Alcohol, Drug, and Tobacco Use</i>	
Cigarette use in the past 30 days	16%
Marijuana use in the past 30 days	0.70%
Use of inhalants in the past 30 days	0.70%
Consumed 5 or more drinks on one occasion in the past 30 days	3%

are below the HP 2010 goals. As depicted in Figure 2, Nashville youth are engaging in physical activity and dietary behaviors that are detrimental to their overall health. The effects of a sedentary lifestyle and unhealthy eating habits are evident in the current number of youth who are classified as obese in Nashville. Some researchers have investigated the link between these two health behaviors and obesity and found that they are predictive of obesity among youth (Lowry, Wechsler, Galuska, Fulton, & Kann 2002 and Reinhardt & Brevard 2002). Lack of physical activity has also been associated with engaging in other risk behaviors such as substance abuse and sexual activity (Pate, Heath, Dowda, and Trost 1996).

In order to further illustrate the health behaviors of Nashville youth, using the 2003 YRBS results, two scales were created to measure the number of youth meeting the daily nutritional and physical activity recommendations outlined in the HP 2010 objectives. The daily nutritional recommendations scale was created by measuring the consumption of at least: 2 daily servings of fruit, 3 daily servings of vegetables, and 2 daily servings of milk. A startling 76% of the youth surveyed failed to meet all three of the recommended daily servings of fruit, vegetables, and milk. The physical activity scale was created by how many students reported engaging in: vigorous exercise at 3 days/week for 20 minutes or more, moderate activity 5 days/week for 30 minutes, attending

physical education classes daily and spending at least 20 minutes engaged in exercising or playing sports, and watching 2 hours or less of television on an average school day. There were no students in the sample who met all five of these daily recommendations. Twenty-one percent of youth met 4 of the goals, while 39% did not meet any of the goals. (See Figure 3 on page 3.)

Figure 2. Comparison between HP 2010 Goals and 2003 Nashville YRBS



The data reveal a startling reality that not only Nashville youth, but youth across the country now face. The gaps present between the HP 2010 goals and the reported health behaviors of Nashville youth represent a glimpse into the dangerous future that our youth will encounter if modifications in physical activity and nutritional intake are not

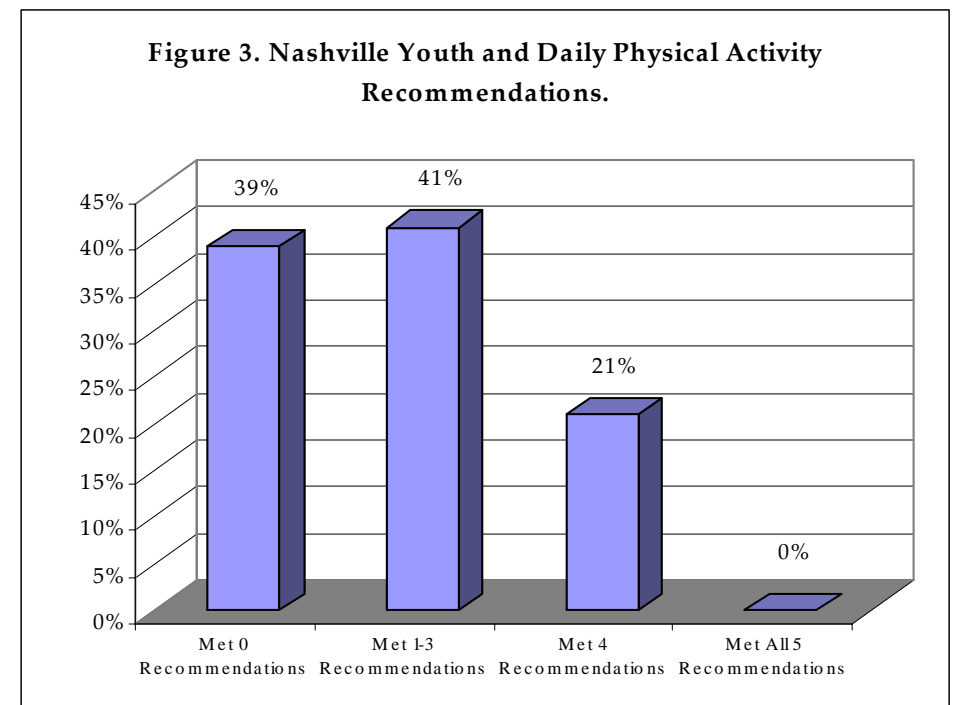
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made. Collaborative interventions between health officials, schools, parents, and organizations are needed to educate our youth on the dangers associated with sedentary lifestyles and unhealthy eating habits (obesity, chronic disease, etc). Helping our youth make healthier decisions today, directly affects the health of not only our local area, but the health of the nation tomorrow.

References:

Lowry, Richard, Howell Wechsler, Deborah A. Galuska, Janet E. Fulton, and Laura Kann. 2002. Television Viewing and its Associations with Overweight, Sedentary Lifestyle, and Insufficient Consumption of Fruits and Vegetables Among US High School Students: Difference by Race, Ethnicity, and Gender." *Journal of School Health* 72:413-421.

Pate, Russell R. Gregory W. Heath, Marsha Dowda, and Stewart G. Trost. 1996. " Associations between Physical Activity and Other Health Behaviors in a Representative Sample of US



Adolescents." *Journal of Public Health* 86:1577-1581.

Reinhardt, Wendy C. and Patricia B. Brevard. 2002. "Integrating the Food Guide Pyramid and Physical Activity Pyramid for positive dietary and physical activity behaviors in adolescents." *Journal of the American Dietetic Association* 102: S96-S99.

Index to Articles in Public Health Watch 2003

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	Hepatitis C in Davidson County	Ingrid Renberg	3
	Hot Topics: Caring for Children with Special Health Care Needs	Patricia Khalil	4
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	Reported Cases of Selected Notifiable Diseases for September/October 2003	Nancy Horner	8

Change in Davidson County WIC Procedures

Melissa Overton, Director of Nutrition Services

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) of the Metro Public Health Department (MPHD) has recently changed procedures for processing clients for the initial certification and re-certification for participation in the program.

Previously, all WIC clinics had nursing staff located within the clinics to provide the required measures (height, weight, hemoglobin, and immunizations) that are part of the determination of eligibility in the program. However, in an effort to promote well-child care, the nurses from the WIC clinics were placed in the Health Department Preventive Health Clinics. This decision was made based on the conclusion that many times clients were neglecting visits to their physicians for well-child care due to the misconception that it was not needed because they saw a nurse in the WIC clinics.

Clients are now being referred to their physician when inquiring about WIC services. We are requesting that the physician complete the WIC application (height, weight, hemoglobin, and immunizations). Of course, if the client's insurance will not pay for the visit or the physician is unable to see them, WIC clients may still obtain this service through the Preventive Health Clinics of the MPHD.

The following information will be helpful when assisting these clients with their applications for WIC services:

- **The WIC measures are good for only 60 days.** If it has been longer than 60 days since the client's visit, and his/her insurance will not pay for another visit during that year, physicians are asked to refer the client to the MPHD Preventive Health Clinic. Accuracy of the measures is important in order for the Registered Dietitian to plot the growth and determine the BMI.
- **We are requesting that proof of immunizations be provided.** Immunizations should be up to date according to the current Federal Recommended Childhood and Adolescent Immunization Schedule.
- **If an application is completed for a pregnant woman,** physicians are asked to indicate the estimated date of delivery along with the height, weight, and hemoglobin.
- **When there is a need to prescribe a special infant formula,** physicians are asked to indicate this fact on the WIC application, as well as to provide the client with a prescription which covers the required information as follows:

- 1) Specific medical condition and/or disease and/or unusual medical or dietary problems.
- 2) Other formulas that have been tried and for how long.
- 3) Amount of formula required per day and dilution instructions.
- 4) Length of time special formula is needed.

Physicians who need a supply of the Non-Standard Special Formula Request forms may obtain them from the WIC office.

Physicians and staff are encouraged to contact the WIC Administration Office at 880-2212 or 880-2213 if there are questions or if forms are needed. Together we can make a difference in the quality of life of our clients.

Mission of *Public Health Watch*

Public Health Watch's mission is to promote improvement of the health of the public in Davidson County by:

- Producing a newsletter that is timely, credible, easy to read, and that addresses a broad range of public health topics of interest to the Davidson County community;
- Disseminating information regarding community health status in Davidson County;
- Promoting awareness of public health initiatives;
- Providing a forum for practitioners of public health and concerned citizens to discuss issues of public health importance; and
- Educating a diverse readership on the importance of public health efforts to protect personal and environmental health.

Index to Articles in *Public Health Watch* 2003

Editor's Note: The following is a listing of articles by issue, title, author, and page number for year 2003.

<u>Issue</u>	<u>Title of Article</u>	<u>Author</u>	<u>Page Number</u>
January/February 2003			
	Introducing the Nashville Public Health Alert Network	Jon Warkentin	1
	Perinatal Periods of Risk: A New Approach to an Age Old Problem, Part II	Brook McKelvey	1
	February Is American Heart Month	Nancy Horner	5
	<i>Mission of Public Health Watch</i>		6
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	Reported Cases of Selected Notifiable Diseases for November/December 2002	Nancy Horner	8
March/April 2003			
	Perinatal Periods of Risk: A New Approach to an Age Old Problem, Part III	Brook McKelvey	1
	A New Set of EARS: Surveillance for Bioterrorism and Beyond	Joseph Schuchter	1
	April 7 – 13 Is National Public Health Week	Nancy Horner	3
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	Health Disparities Initiatives Metro Public Health Department	Bart Perkey	1
	Alzheimers Association Safe Return Program	Tom Starling	8
	Metro Public Health Department's Chronic Disease Team Announces Publication of the <i>Encourager</i>	Sharon Benson	9
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July/August 2003			
	NotiPHy Nashville Is Here	Cheri Entrikin	1
	Air Pollution and Health: A Slippery Slope	Joseph Schuchter	1
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September/October 2003			
	NO ISSUE		

Metro Public Health Department Survey--Public Health Watch

This survey is anonymous. Please do not write your name on the survey.

1. Please rate *Public Health Watch* on the following features:

Visual Appeal	Excellent	Good	Fair	Poor	No Opinion
Quality of Information	Excellent	Good	Fair	Poor	No Opinion
Frequency of Publication	Excellent	Good	Fair	Poor	No Opinion
Usefulness of Information	Excellent	Good	Fair	Poor	No Opinion

2. How frequently do you read *Public Health Watch*?

_____ Often
_____ Sometimes
_____ Seldom
_____ Almost Never
_____ Never

3. Do you feel that the type of information contained in *Public Health Watch* is useful to you?

_____ Yes
_____ No
_____ No Opinion

Comments:

4. Are you aware that a color version of *Public Health Watch* is available on the Metro Public Health Department's Internet website at healthweb.nashville.org?

_____ Yes
_____ No

6. Would you be able to routinely access *Public Health Watch* by Internet?

_____ Yes
_____ No

7. If you had the choice between a paper copy of *Public Health Watch* and the Internet website, which would you prefer?

_____ Internet
_____ Paper Copy

8. What information would be helpful for you to see, or see more of, in *Public Health Watch*?
Additional comments:

Thank you for your participation.

Return to: Nancy Horner
311 23rd Avenue North
Nashville, TN 37203

Fax to: Nancy Horner
615-340-2292

If you would like to provide your Internet address below, we will contact you with additional information about Public Health Watch and other data sources available on Metro Public Health Department's website.

Reported Cases of Selected Notifiable Diseases for November/December 2003

Disease	Cases Reported In November/December		Cumulative Cases Reported through December	
	2002	2003	2002	2003
AIDS	16	40	218	274
Campylobacteriosis	4	2	35	21
Chlamydia	331	505	2,117	2,653
DRSP (Invasive drug-resistant <i>Streptococcus pneumoniae</i>)	4	6	22	29
<i>Escherichia coli</i> 0157:H7	0	0	5	0
Giardiasis	0	3	33	35
Gonorrhea	219	250	1,390	1,492
Hepatitis A	1	2	18	12
Hepatitis B (acute)	4	1	21	23
Hepatitis B (perinatal)	3	5	27	35
HIV	34	39	314	306
Influenza-like Illness	5	1,508	230	2,479
<i>Neisseria meningitidis</i> disease	0	1	5	1
Salmonellosis	12	5	64	51
Shigellosis	2	2	12	13
Syphilis (primary and secondary)	3	4	26	21
Tuberculosis	7	17	64	66
VRE (Vancomycin-resistant enterococci)	7	6	57	55

To report a notifiable disease, please contact:

Sexually transmitted diseases: Brad Beasley at 340-5676

AIDS/HIV: Mary Angel-Beckner at 340-5330

Hepatitis B: Denise Stratz at 340-2174

Tuberculosis: Alisa Haushalter at 340-5650

Hepatitis C: Pat Sanders at 340-5632

Vaccine-preventable diseases: Mary Fowler at 340-2168

All other notifiable diseases: Pam Trotter at 340-5632

Return Service Requested

Public Health Watch welcomes feedback, articles, letters, and suggestions. To communicate with *Public Health Watch* staff, please:

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